

Missouri Department of Health and Senior ServicesP.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400

FAX: 573-751-6010



Richard C. Dunn Director

Division of Nutritional Health and Services (Missouri WIC Program)

Training Registration Form

- 1. Complete the following information in its entirety.
- 2. FAX to the State Office at (573)-526-1470.
- 3. A confirmation will be faxed or e-mailed to you within 72 hours. Call (800) 392-8209

if you do not receive the confirmation.								
Please note: Only one registration form per trainee.								
Trainee's Name:		•	Title:			WIC Start Date:		
Trainee's E-mail Address:								
(Self-teaching modules will be e-mailed to Track Training registrants at this e-mail address unless otherwise indicated. Modules must be completed <u>prior</u> to attending the videoconference portion of training.)								
HANDS UserID (if issued):			Length of Time (experience) on HANDS system:		Attended HANDS Training: (indicate month and year, if known)			
Local Agency Name: Lo			ocal Agency Address:					
Phone Number (including area code): Fax Number:								
Supervisor's Name:		Supervisor		's Title:	Supervisor		s E-mail:	
Name(s) and Date(s) of Training Course(s) – check all trainings needed:								
□ *Track Trainings ondate(s) (select Tracks 1, 2 and/or 3 below):)				
☐ Track 1 (Clerk, HPA, and CPA)				□ *WIC Coordinator ondate(s)				
☐ Track 2 (HPA and CPA)				*Nutrition Coordinator on June 12-13, 2003.				
☐ Track 3 (WIC Certifier and CPA only)								
*Trainings transmitted by videoconference								
District: (check one)) <u>;</u>							
☐ Central	□ Eastern			NOTE: For trainings transmitted by videoconference,				
□ Northeast	☐ Sou	ıtheast		choose the district health office that is closest to your home or office. Refer to training schedule for				
□ Northwest	☐ Sou	thwest	locations of district health offices.					

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